



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
EDUCATOR CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

**INITIAL APPLICATION FOR STUDENT SERVICES CERTIFICATE OF LICENSE TO TEACH**

**SECTION I: TO BE COMPLETED BY APPLICANT**

**A. TYPE OF CERTIFICATION REQUESTED:**

COUNSELOR K-8 ☐ 7-12 ☐ K-12 ☐

SCHOOL PSYCHOLOGICAL EXAMINER ☐

SPEECH-LANGUAGE PATHOLOGIST ☐

SCHOOL PSYCHOLOGIST ☐

**B. VITAL INFORMATION**

SOCIAL SECURITY NUMBER\*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐ FEMALE ☐

PHONE NUMBERS

H ( )

W ( )

**IMPORTANT**

Official transcripts listed in Part C must be received from the institutions before the application is considered complete.

**C. EDUCATION** (If additional space is needed, please attach sheets as necessary.) List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees.

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY/STATE	DATES ATTENDED		DEGREE OR CERTIFICATE AWARDED/ DATE	MAJOR COURSE OF STUDY
		FROM MO/YR	TO MO/YR		

**D. PROFESSIONAL CONDUCT (ALL questions must be answered)**

Applicants must submit two (2) full sets of fingerprints. Fingerprint cards must be obtained from and returned to the Missouri Department of Elementary and Secondary Education, Conduct & Investigations, PO Box 480, Jefferson City, MO 65102-0480. If you currently hold a valid Missouri teaching certificate you DO NOT need to submit fingerprints.

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any pending complaints before any regulatory board or agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

[\\*View the Social Security Number Disclosure Notice.](#)

**E. SWORN AFFIDAVIT**

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE

DATE

**SECTION II: Applicants for Speech-Language Pathologist possessing a professional license must also submit the following:**

- ☐ A copy of a valid Missouri Speech Pathologist License from the State Board of Registration for the Healing Arts (may be obtained by calling 573/751-0098).
- ☐ Praxis II Score Report—Enclose an original score report for the Praxis II or NTE specialty area test entitled Speech-Language Pathology. A score equal to, or exceeding, the Missouri qualifying score of 600 is required.

**SECTION III: Applicants for Counselor, School Psychologist, and School Psychological Examiner must have this section completed by the designated recommending official from the college or university.**

**The applicant has successfully completed our state-approved graduate program for the area indicated under Section IA.**

AUTHORIZED SIGNATURE/TITLE	DATE	PRAXIS TEST NUMBER	PRAXIS TEST SCORE
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**STATE-APPROVED GRADUATE PROGRAM APPROVAL INFORMATION**

FIRST YEAR STATE APPROVAL WAS GRANTED		DATE CURRENT STATE APPROVAL EXPIRES	
SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL	NAME OF INSTITUTION		AFFIX OFFICIAL STAMP OR SEAL HERE
PRINT/TYPE REGISTRAR'S NAME	ADDRESS OF INSTITUTION		
DATE	PHONE NUMBER (       )		

**PLEASE RETURN THIS FORM TO EDUCATOR CERTIFICATION,  
POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.  
ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!  
<http://dese.mo.gov>**